

legal approaches which are out to check the State bureaucracy and those welfare-collectivist approaches which extend the role of bureaucratic agencies. There are in the present political context some particular reasons why the advance of legalistic thinking and enactment should bode ill for public psychiatry.

For modern populism, as a number of analysts have tried to show,^{3,4} delights in the creation for its public of new individually-framed identities, of an apparently radical-sounding nature, to counter the potential collective mobilization of organized masses and majorities. In more and more ways citizens are recruited and re-constituted individually, as consumers, as legal subjects, as litigants, being thus bestowed with a host of individual rights to offset the worsening situation of their more social entitlements. If you are harassed by your boss, messed up by your landlord, or deprived of work, housing or income, the remedy lies not in collective organization through direct-action methods or through pressure for reformed statutory provision, but rather in the adoption of an individual role as an aggrieved complainant. Who knows, your case may be taken up by the Ombudsman, or read out over *That's Life* by Esther Rantzen and her comforting fellow-announcers. And if you are a psychiatric patient bereft of opportunities for rehabilitation because there are no jobs, or of sheltered accommodation because a parsimonious local authority has curtailed its housing programme for the disabled—please, on that account, don't conclude that you have no rights. You have—in the shape of a multidisciplinary panel or Mental

Health Review Tribunal which will, with suitable advocacy, assure you of your freedom not to be medicated or kept on a hospital ward.

It would be wrong for me as a guest speaker from outside your profession to suggest the political strategies of alliance and pressure which psychiatrists should try to mount against this onslaught of scapegoating and irrelevant legalism by the new populists. But it is surely time for this wave of a manipulative and false populism to be met by a counter-tendency more genuinely populist, because expressing a people's ineluctable needs for communally-based provision and support in situations of distress. Those Right-wing ideologues who wish to 'roll back' the part played by the state in the development of health and social services must now themselves be rolled back by the assertive defence of those popular conquests in the fields of welfare and care for the unfortunate, in which psychiatry can claim no small contribution of its own to the public good.

REFERENCES

- ¹SEDGWICK, P. (1982) *Psycho Politics*. London: Pluto.
²WEBB, A. & WISTOW, G. (1981) *Whither State Welfare? Policy and Implementation in the Personal Social Services 1979–80*. RIPA Studies No 8, London: Royal Institute of Public Administration.
³HALL, S. (1979) The great moving right show. *Marxism Today*, January.
⁴ALTHUSSER, L. (1971) *Lenin and Philosophy and Other Essays*. London: New Left Books.

Postgraduate Training in Behavioural Psychotherapy

The Association of University Teachers of Psychiatry recognizes the recommendation of the Royal College of Psychiatrists (1971) that experience in behavioural psychotherapy should be an integral part of the training of psychiatrists. To help reduce the shortage of trainers in this field the AUTP, with the Institute of Psychiatry, runs a course to increase available training resources. This course is mainly intended for consultants and senior registrars and those of equivalent status, including specialist psychotherapists, but a limited number of other places may be available.

The course will begin with a two-day workshop on 28 and 29 September 1983. This will include the following components: theoretical background, demonstration of treatments and participant practice in small groups. After the workshop participants will be asked to undertake

behavioural treatment of their own patients in their own centres, and later also to supervise other trainees. Participants will be supervised in small groups at monthly intervals in half-day sessions over the following academic year.

The course is organized on lines which qualify for local funding assistance to applicants under the CPME Advanced Postgraduate Training Scheme to help senior medical staff develop special expertise in new areas. The cost of the combined workshop and monthly supervision over the following academic year would be £190.

Applicants should write, including a brief curriculum vitae, to Professor Isaac Marks at the Institute of Psychiatry, De Crespigny Park, Denmark Hill, London, SE5 8AF, where the course will be held.